

Emmanuel Child Care Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of Emmanuel Child Care, 18440 John R., Detroit, MI., on May 6th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Donald Carpenter on May 2^{nd} , 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters Field Scientist

Monica Starks, CIEC

Principal

Council-certified Indoor Environmental Consultant Board-awarded by the American Council for Accredited Certification



Appendix 1, Lab Results, Chain of Custody



APPENDIX 1 Laboratory Results and Chain of Custody

National Testing Laboratories, Ltd

556 South Mansfield, Ypsilanti, MI, 48197-5166 (440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 354783

5/20/2016

18440 John R. 48203

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-KC-01-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Legend:

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

"ND"

This contaminant was not detected at or above our lower reporting limit (LRL)

"NA"

Not Analyzed

"Standard"

This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA Secondary Standards.

"LRL"

This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF"

This column indicates the contaminant dilution factor.

Report Notes:

Fed Id # Contaminant	Method Standard	Units LRL	Level Detected	DF Date/Time Sampled	Date Prepped	Date/Time Analyzed
		Inorganic Analy	tes - Metals			
1030 Lead	200,8 0.015	mg/L 0.001	ND	¹ 5/6/2016 07:4	0	5/18/2016

These test results may be used for compliance purpose as required.

Analyst Tests EC 200.8

James Abston, Operations Manager

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ANALYTICAL REPORTS

SAMPLE CODE: 354784 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-KC-01-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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ANALYTICAL REPORTS

SAMPLE CODE: 354785 5/20/2016

Customer:

G. S. Group

Monica Starks 17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-WC-02-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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ANALYTICAL REPORTS

SAMPLE CODE: 354786 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-WC-02-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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ANALYTICAL REPORTS

SAMPLE CODE: 354787 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-BBF-03-P

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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SAMPLE CODE: 354788 5/20/2016

Customer:

G. S. Group Monica Starks

17800 Woodward Ave

#200

Detroit, MI 48203

Source:

Emmanuel Child Care, DC-01-BBF-03-F

Source City: Detroit

Source State: MI

Date/Time Received:

5/10/2016 13:30

Collected by:

M. Etters

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Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

2076912

Order Date:

Sample Paid: No

04/19/2016

Sample Number:

Product:

Lead Only Payment Method:

Sold To:	TSR: EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting information:
17800 Woodward Ave Detroit	841 40000	Payment \$:
Death	MI 48203	Check #:
		Lab Comments/Special Instructions:
Date Sampled 5616	•	Lab comments special manuctoms:
Time Sampled: 7: 46	Please Use Military Time, e.g. 3:00pm = 15:00	
Check Time Zone: EST CST	T MST	
Client Name: EMManu	el Child Care	
Phone Number: 313- 9	344-4505	
Fax Number:		
PWS ID# (if applicable):	NL	State Forms:
Sample ID or Source OF OL	-KC-01-P	
Source Type: Spring W	/ell Municipal Surface	Lab Sample Information: Date Received: <u>AMAY 1 0 2016</u>
Other:		Time Received: N 13:30
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National TestingLaboratories, Ltd.



1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016

Sample Number:

MIII 354784 MI

Product:

Lead Only

Sample Paid: No

Payment Method:

Sold To:	
G. S. Group	For Laboratory Use ONLY
Monica Starks 17800 Woodward Ave	Lab Accounting Information:
Detroit MI 48203	Payment \$:
	Check #:
Date Sampled: 51616 Time Sampled: 7: 46 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: ZEST CST MST PST Client Name: Fumous Charles Care	Lab Comments/Special Instructions:
Phone Number: 313 - 844-4505	
Fax Number:	
PWS ID# (if applicable):	State Forms:
Sample ID or Source: DC-01-KC-01-F	Lab Sample Information:
Source Type: Spring Well Municipal Surface Other:	Date Received: MAY 1 0 2016
City & State: Destroit (If Different than Above)	Time Received: 11230 Received By: 1230
Sample Collected By:	Sample receipt criteria checked & acceptable. Deviations from acceptable sample receipt criteria noted on PSA form.
Sample Collected By: (Signature) (Please Print)	
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Additional Comments: 3 b Carriags Sample at his Layeu Flush Bample	re, This is bloom It!

M National Testing Laboratories, Ltd.



1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016 354785

Sample Number:

Product:

Lead Only
Payment Method:

Sample Paid: No TSR: EF

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Only			

Sold To:		
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave		Payment \$:
Detroit	MI 48203	Check #:
Date Sampled : 516 116		Lab Comments/Special Instructions:
Time Sampled: 7: 46 Plea	se Use Military Time, e.g. 3:00pm = 15:00	Taxanin Colonia (Colonia Colonia Colon
Check Time Zone: ☐EST ☐ CST ☐	MST 🖫 PŞT	
Client Name: EMManue	Child Care	
Phone Number: 313 - 80	14-4505	
Fax Number:		
PWS ID# (if applicable):	NL	State Forms:
Sample ID or Source: DC-01	-WC-0Z-P	Lab Sample Information:
Source Type: Spring Well Other:	Municipal Surface	Date Received: A / /
City & State: Downer	<u></u>	Time Received: MAY 1 0 2016
	ent than Above)	Received By: WAL
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National Testing Laboratories, Ltd. Quality Water Analysis

1-800-458-3330

General Compliance

Order Number:

Order Date:

2076912 04/19/2016

354706

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$:_ Detroit MI 48203 Check #: Lab Comments/Special Instructions: Date Sampled : 516 116 Please Use Military Time, e.g. 3:00pm = 15:00 Check Time Zone: ØEST ☐ CST ☐ MST ☐ PST Phone Number: Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: JC Lab Sample Informatio Source Type: Spring Well Date Received: Other: Time Received: City & State: Received By: Sample receipt criteria chilicked & acceptable. Sample Collected By Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

Mational TestingLaboratories, Ltd.

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016

354787

Sample Number:

Product:

Lead Only

Sample Paid: No

Payment Method:

TSR: EF Sold To: G. S. Group For Laboratory Use ONLY Monica Starks Lab Accounting Information: 17800 Woodward Ave Payment \$: Detroit MI 48203 Check #: Lab Comments/Special Instructions: Date Sampled : 516 116 Time Sampled: Check Time Zone: ☐EST ☐ CST ☐ MST ☐ P\$T Client Name: **Phone Number:** Fax Number: State Forms: PWS ID# (if applicable): Sample ID or Source: Lab Sample Informațio Source Type: Spring Well Municipal | Surface Date Received: Other: Time Received: City & State: Received By: Sample receipt criteria chi cked & acceptable. Sample Collected By Deviations from acceptable sample receipt criteria noted on PSA form. Sample Collected By: Form Completed By:

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

National TestingLaboratories, Ltd.



1-800-458-3330

General Compliance

Order Number: Order Date:

2076912 04/19/2016

Sample Number:

354788

Product: Sample Paid: No

Lead Only Payment Method:

Sold To:	TSR: EF	
G. S. Group		For Laboratory Use ONLY
Monica Starks		Lab Accounting Information:
17800 Woodward Ave	AN 40000	Payment \$:
Detroit	MI 48203	Check #:
Date Sampled: 51616 Time Sampled: 7: 46 Place Check Time Zone: EST CST Client Name: EMMONUL		Lab Comments/Special Instructions:
Phone Number: 313-8	44-4505	
Fax Number:		
PWS ID# (if applicable):	NL	State Forms:
Sample ID or Source: DC-01-BBF-03-F		I sh Camuta Information
Source Type: Spring Well Municipal Surface		Lab Sample Information: MAY 1 0 2016 Date Received:
City & State: (If Different than Above)		Time Received: 41 13 30 Received By: 4 April 1
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Sample Collected By:	(Signature) (Please Print)	
Form Completed By: Mich	Poffels	
Additional Comments: 3 DCq+tons Joury Flush Sample	and with a day cu	re, this is location #3